



Export-Import Bank of the United States

OMB No. 3048-0009
Expires 05/31/07

APPLICATION FOR LETTER OF CREDIT INSURANCE POLICY

This application is to be completed by a financial institution (or a broker acting on its behalf) in order to obtain a short-term letter of credit insurance policy. An online version of this application is available on Ex-Im Bank's web site. Ex-Im Bank encourages customers to apply on line, as it will facilitate our review and allow customers a faster response time. Additional information on how to apply for Ex-Im Bank insurance can be found at Ex-Im's web site <http://www.exim.gov>.

Send this completed application to Ex-Im Bank, 811 Vermont Ave NW, Washington, D.C. 20571. Ex-Im Bank will also accept e-mailed pdf and faxed applications. Ex-Im Bank will not require the originals of these applications to be mailed. The application must be PDF scans of original applications and all required attachments. (Fax number 202.565.3675, e-mail exim.applications@exim.gov)

APPLICATION FORM

Applicant:

Applicant legal name: _____ State: _____

Contact person: _____ Country: _____

Position title: _____ E-mail: _____

Street address: _____ Phone: _____

City: _____ Postal code: _____ Fax: _____

Does the applicant have a market rating? Yes ☐ No ☐ If yes, indicate the name of the rating agency, rating, and the date of the rating. _____

Please provide the following information from the applicant's most recent audited financial statements.

Statement period (fiscal or interim): _____ Are the financial statements combined or consolidated? _____

Financial Statement Dates: _____

Auditor: _____ Opinion: _____

Net Income: _____ Net Loans: _____

Total Assets: _____ Equity: _____

Broker (if applicable):

Name of Broker: _____

Ex-Im Bank Broker #: _____

Contact person: _____

Phone number: _____

Fax: _____

E-mail: _____

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Affiliate(s) (if applicable)

Please provide the following information for any subsidiaries, branches, or affiliates that the applicant would like us to consider adding as Additional Named Insureds under the policy.

Legal name:	State:	
Contact person:	Country:	
Position title:	E-mail:	
Street address:	Phone:	
City:	Postal code:	Fax:

1. General Questions

A. Indicate the Ex-Im Bank programs the applicant has used. ☐ Insurance ☐ Working Capital ☐ Loan Guarantee

B. What type of charter does the applicant hold? ☐ State ☐ National

C. Indicate the name of the applicant's regulatory authority. _____

D. Does the applicant have any foreign government ownership?

☐ Yes ☐ No

If yes, please indicate the country and the percentage owned: _____

E. Letter of Credit Experience

- In what year did the applicant's letter of credit business begin? _____
- What was the total amount of letter of credit transactions in the last 12 months? _____
- What was the total number of letter of credit transactions in the last 12 months? _____
- Please provide the following information on the individuals responsible for administering the letter of credit policy:

Name	Title	Years of Trade Finance Experience	Years of Letter of Credit Experience

2. Letter of Credit Portfolio

- What is the expected maximum value of letters of credit outstanding at any time over the next 12 months?

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Notices

The applicant is hereby notified that information requested by this application is done so under authority of the Export-Import Bank EIB-92-64 (07/06)

Act of 1945, as amended (12 USC 635 et seq.); provision of this information is mandatory and failure to provide the requested information may result in Ex-Im Bank being unable to determine eligibility for support. The information provided will be reviewed to determine the participants' ability to perform and pay under the transaction referenced in this application. Ex-Im Bank may not require the information and applicants are not required to provide information requested in this application unless a currently valid OMB control number is displayed on this form (see upper right of each page).

Public Burden Statement: Reporting for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send comments regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

Applicant (Financial Institution) Name: _____

Name and title of authorized officer: _____

Signature of authorized officer: _____

Date: _____